

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050473

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 325

Primary Registration District No. 4429

Registrar's No. 142

STATE FILE NUMBER

FILED DEC 26 1963

1. PLACE OF DEATH

a. COUNTY Schuyler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Queen CityLength of stay in 1b
7 yearsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION HomeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY Schuyler

c. CITY
OR
TOWN Queen CityInside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
noneReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

LEE

Middle

ROY

Last

JAMES

4. DATE
OF
DEATH

Month

Day

Year

December 20, 1963

5. SEX

M

6. COLOR OR RACE

W

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-30-1887

9. AGE (last birthday)

76

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

6

20

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 week

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypostatic Pneumonia

1 week

DUE TO (c)

Congestive Heart Failure

3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Cerebral Thrombus 3 years ago

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred at8/23/30 to 12/20/63 and last saw alive on 12/18/63
9:10 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

12-22-63

23c. NAME OF CEMETERY OR CREMATORY

Bethel

23d. LOCATION (City, town, or county)

Adair County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Dee Riley Funeral Home, Inc.

415 North Franklin

Kirksville, Missouri

Larry Jackson

Dec. 23, 1963

Lawrence Shepherd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

SHOULD READ

BY AFFIDAVIT OF

1963

Record received 12/22/63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larry Jackson

Licensed Embalmer No. 5158

P. O. Address Kirkville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

NOT VALID UNLESS SIGNED BY EMBALMER